

Please complete all parts of this form in **BLACK INK** and **BLOCK CAPITALS** and return to: **Member Operations (International), Medical Protection Society, Victoria House, 2 Victoria Place, Leeds LS11 5AE, UK.**

If your application for membership of MPS is approved, it will be dated from the day following receipt of your application unless you specify a later start date in the box to the right: (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y
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Section A – Personal details

<p>Title</p> <hr/> <p>First name</p> <hr/> <p>Surname</p> <hr/> <p>Maiden/previous name if any</p> <hr/> <p>Date of birth (DD/MM/YYYY)</p> <hr/> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <hr/> <p>Nationality</p> <hr/> <p>Country of practice</p> <hr/> <p>Country of permanent residence</p> <hr/> <p>Address for correspondence</p> <hr/> <hr/> <hr/> <p>Postcode (zip or postal area)</p> <hr/> <p>Email address</p> <hr/> <p>Daytime telephone</p> <hr/> <p>Evening telephone</p> <hr/> <p>Cell number</p> <hr/> <p>Fax number</p> <hr/>	<p>Degrees and diplomas</p> <hr/> <p>Dental school and country</p> <hr/> <p>Month and year of graduation (DD/MM/YYYY)</p> <hr/> <p>Registration number (or other registration authority) Your application may be delayed if this is not provided.</p> <hr/> <p>Any specialist registration</p> <hr/> <p>Specialty (if any)</p> <hr/> <p>Date of specialist registration (DD/MM/YYYY)</p> <hr/> <p>Which hospital are you working in? (If applicable)</p> <hr/> <hr/> <p>Membership Category (see Membership grade sheet)</p> <hr/> <p>Will all your dental practice be carried out in Caribbean and Bermuda?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Please give details below. If necessary continue on a separate sheet.)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <p>If you are registered to practise in any other countries, please state which:</p> <hr/>
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IMPORTANT! – Please read the following

1. As part of our normal process, we may approach your previous indemnity or insurance organisation for your claims history. This process will take a minimum of 15 working days.
2. Failure to disclose full and accurate details about your previous history, practice and income may invalidate your membership which means you are not entitled to any advice or assistance from Dental Protection.
3. When completing the previous history section on pages 2 and 3 you must account for any gaps in your indemnity or insurance history during the last 10 years and also any break in clinical practice during the previous 2 years.
4. We will not assist with any matter arising from an incident pre-dating your membership.
5. If you are leaving a claims made insurance contract, please ensure you have notified your previous provider of any adverse incident of which you are aware, that could become a claim. You should also check with the provider whether any closing payment is required to secure “run-off” cover for any future claim which may arise from an incident pre-dating your MPS membership.

Please note that signing the declaration on page 4 indicates acceptance of the following requirements:

Members undertake to keep MPS informed of their current address and any changes in their professional circumstances. Failure to notify us of any change of address or scope of practice could result in the suspension and/or the withdrawal of the benefits of membership and/or the cancellation and/or the termination of your membership. Members should understand that MPS is not an insurance company. The benefits of MPS membership are granted at the discretion of Council and are subject to the terms and conditions of the MPS Memorandum and Articles of Association, as amended from time to time.

Section B – Previous history  PLEASE READ THE IMPORTANT INFORMATION BELOW

In this section you must include details of any matter in which you have been named or involved. Please include any pending, unresolved or closed issues, even those already reported to MPS. If necessary please continue your answers on pages 6 and 7. Please note that failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

1. Have you had any professional indemnity/insurance before? Yes (Please go to Q2) No (Please go to Q4)

2. Please give the name of all other organisations and the dates during which you were a member or policyholder. If you were previously a member of MPS, please give your membership number and your name at the time (if it has changed).

Organisation	From (DD/MM/YYYY)	To (DD/MM/YYYY)	MPS number	Name	Other membership or policy number

3. Have there been any gaps in your professional indemnity (have you practised without indemnity) during the last ten years? (If in doubt please indicate YES.) **If you answer YES please confirm the dates and the reason for any gap below.**

Yes No

4. Have there been any breaks in your clinical practice in the last 2 years? (If in doubt please indicate YES.) **If you have answered YES please confirm the dates and the reason for any gap. Please also provide details of any continuous professional development or refresher training that has been undertaken.**

Yes No

5. Have you ever been refused professional indemnity/insurance, including refusal to renew or been offered limited or conditional terms or a higher/enhanced subscription/premium? (If in doubt please indicate YES.) **If you have answered YES please provide a summary in your own words providing dates and reasons, including copies of any correspondence.**

Yes No

6. In the last 10 years have you ever been the subject of any **complaint(s)** arising out of your professional practice **which have not been resolved at local level.** **If you have answered YES please provide full details of the complaint(s). The details must include a summary in your own words of the events leading to the complaint(s), dates, the extent of your involvement and the final outcome.**

Yes No

If you have answered YES to any of the above questions please provide details as requested. Use pages 6 and 7 if needed. Failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

7. Have you ever been involved in any **claim** for compensation or damages arising out of your professional practice or are you aware of any incident that might become a claim? (If in doubt please indicate YES.) **If you have answered YES please provide a summary in your own words of the events leading to the claim(s) declared, including dates, the extent of your involvement and also the final outcome.**

Yes No

8. Have you ever been the subject of a disciplinary inquiry by your employer or had practice privileges refused/withdrawn/made conditional by a private health care provider? (If in doubt please indicate YES.) **If you have answered YES please provide a summary in your own words to include dates, the extent of your involvement and also the final outcome. Copies of any associated correspondence must be provided.**

Yes No

9. Have you ever been subject to any referral, complaint, inquiry or investigation or hearing by the HPCSA or any other registration body or had conditions imposed on your practice or been suspended or erased from a medical register? (If in doubt please indicate YES.) **If you have answered YES please provide a summary in your own words of the events leading to the registration body inquiry/investigation, including dates, the extent of your involvement and you must provide copies of any final determination letter(s).**

Yes No

10. Have you ever been cautioned by the police in respect of, or convicted of, any criminal allegation (including road traffic offences)? **If you have answered YES please provide a summary in your own words to include the nature of the offence, the final outcome or the current position and whether the offence was reported to any registration body.**

Yes No

11. Are there any other issues of which MPS might reasonably need to be aware when considering your application for membership? (If in doubt please indicate YES.) **If you have answered YES please provide all relevant information below.**

Yes No

Section C – Practice details

1. Please tick the box(es) below which best describe your position:

- Dental practitioner
- Non-clinical practice with state/employer indemnity
- Clinical practice employed and working in the public sector full time (either public hospitals, armed services, universities)
- Dental therapist
- Oral hygienist

IMPORTANT! – Please read the following and sign below

Please note: We require you to tell us about any current claims, complaints (not resolved at local level), previous criminal convictions, disciplinary or similar issues which have not been previously notified to MPS.

IMPORTANT! – Your Personal Information and Data

When interacting with MPS, you may choose to give MPS information about your criminal convictions and offences (including alleged offences), your health, race, ethnic origin, sex life, sexual orientation and trade union membership (“Special Category Data”). This happens where that information is relevant to your membership or the actual or potential provision of advice, assistance or indemnity. We may also receive Special Category Data about you from others in connection with membership or advice, assistance or indemnity (e.g. from a complainant, claimant, witness, expert, court or regulator).

To find out more about how we collect, use and handle your data including Special Category Data, please see the Privacy Statement on our website dentalprotection.org.

When you tick the box below, you expressly consent to MPS processing your Special Category Data for the purposes of providing you with membership and its benefits (including assistance and indemnity).

I consent

You may withdraw consent to such processing by contacting MPS, but if you do so we will no longer be able to provide you with membership and its benefits.

IMPORTANT! – Please read, sign and add the current date below.

By signing and returning this form, you agree and confirm that:

- (i.) You wish to apply for membership of MPS subject to the Memorandum and Articles of Association
- (ii.) You understand that any failure to disclose full and accurate details may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership
- (iii.) You understand that membership is not conferred automatically and is subject to approval by MPS
- (iv.) You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by MPS does not of itself confirm membership and/or entitlement to request benefits
- (v.) You will inform us if your personal circumstances or scope of practice change
- (vi.) We may seek information from other professional defence organisations, insurance companies, employers, and/or other third parties in respect of membership and that they may release to us such information
- (vii.) For the purposes of the applicable data protection laws in your country, we may obtain, process, retain and transfer your personal data as set out in the Privacy Statement on our website dentalprotection.org/

Date

D	D	M	M	Y	Y	Y	Y
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Please note must be current date

If you are submitting additional sheets or correspondence, please tick here

In order to provide you with the best possible service we would like to inform you of other products and services offered by us that we believe may be of interest to you. To opt-in to receive such information, either via post or email, please tick here.

You can update your marketing preferences by contacting us.

Please tell us why you have chosen MPS – Your comments are important to us, please tick below

1. Personal recommendation
2. Competitive subscription rates
3. MPS membership co-ordinator, please provide their initials:
4. Group arrangement
5. Dissatisfaction with previous organisation
6. Other (please provide details in the space provided)

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T +44 113 241 0727 – Calls to Member Services may be recorded for monitoring and training purposes.

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